

Proceedings of the 3rd V4 Conference on Public Health 2017

Prague, 19-20 October 2017

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Edited by Martin Dlouhý

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The Lifestyle of Families as a Determinant of V4 Countries' Health – Preamble to a Longitudinal Research

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Abstract

Between 2004 and 2007, lead by the University of Szeged (HU) and with the participation of the University of Silesia (PL), the University of Hradec Králové (CZ), and the Constantine the Philosopher University in Nitra (SK), a representative research into the Traditional and modern lifestyle elements of the families in the Visegrad Countries was performed, revealing the predominance of traditional lifestyle practices. Since 2007 considerable social, political, economic and demographic changes affected the previously observed lifestyle elements (nutrition, leisure habits, family customs, cultural habits and the value system of families), that is why the idea of repeating this research 'more than a decade after' attracted the cooperating researchers. This second empirical stage in the longitudinal research will start in autumn, 2018. The originally used structured assisted questionnaire will be revised and completed based on experiences gained and new phenomena arising, keeping the comparability of the two researches unattended. Sampling will be done in the same towns as 15 years before: Szeged (Hungary), Rybník (Poland), Hradec Králové (Czech Republic), Nitra (Slovakia). From each town respondents will be chosen from 5 districts, 100-100 families from each, meaning minimum 500 families in each country, minimum 300 out of which should correspond to the criteria: adult(s) with a child (regardless of age) living together in one household. New research hypotheses will be formed on the basis of the revealed past social, demographical, political and economic changes, considering the effect they exercise on the background lifestyle elements affecting the public health indicators in the Visegrad Countries. The Lalonde Report has already stated that lifestyle is the strongest 'health field' determining our health. Effective health policy recommendations should be based on the knowledge of current Central-East European characteristics of lifestyle practices.

Keywords: family, lifestyle, tradition, modernity, Visegrad 4.

1 Introduction

During its more than 22 years tradition the Institute of Applied Health Sciences and Health Promotion at the University of Szeged, Juhász Gyula Faculty of Education has carried out educational and research activities covering the main areas of holistic health and health promotion. In nowadays modern societies the holistic concept of health includes elements like physical, mental, emotional, spiritual, social and societal health. This complexity of health domains is reflected in our lifestyle and our lifestyle is partly influenced by our value system. The expressions tradition and modernity in the title of the present paper bring together the fundamental norms and values guiding the life of the European traditional societies.

Family – as a microsocial unit – reflects the macro society. Changes in the macrosystem are in turn reflected in the microsystem. Social structure, economic conditions, needs of the labour market, changes in norms and values and technological development all influence the life of this small group. Family itself still has a leading position in the hierarchy of values, though the scientific and everyday understanding of the concept of family is changing, and there are contradictions among these understandings: crisis or a change that carries value.

We had the idea to bring together macrosocial features and changes, families and lifestyle and that is how the first phase of our research was born and carried out between 2004 and 2007. Under our leadership, research groups from the 'Visegrad Four' studied the lifestyle

and value system of families in Hungary, Poland, the Czech Republic and Slovakia. The social and lifestyle history of these four countries are very similar, which fact enabled transnational comparison. Research results of the first phase clearly proved, that the lifestyle of families in the Visegrad Countries is tradition-directed [1]. This result is very important for the health promoter and public health professionals, as it calls attention, that it is essential to consider traditional values and practices for planning health promotion.

More than a decade has passed since the first phase and these years brought considerable socio-economic and demographic changes in all four countries, which made us think about revealing the effect of these macrosocial changes on family structure, functions, roles, value system and lifestyle (nutrition, leisure, cultural habits, and family customs). This longitudinal research makes it possible to capture the dynamics of social changes and to compare the lifestyle of families altered due to these changes. The aim of our transnational longitudinal research is to reveal how the process of past years' socio-economic changes altered the components of families' lifestyle, their ability to adapt, as well as the similarities and differences between the more than a decade history of social changes in the four countries of the region.

According to our main hypothesis, due to the similarities in lifestyle and family history processes, the lifestyle and value choices of Central East European countries has a lot in common. We also suppose, that the studied lifestyle elements and values continue to shift towards tradition, that is, the consumption and value choices of families in our transnational sample is tradition directed. We suppose that lifestyle indices objectively defined on the basis of the theoretical knowledge and professional empirical experiences of the transnational research group correspond to the self-categorisation of families along the tradition and modernity axis. In addition we hypothesize, that the extent of tradition and modernity is less influenced by socio-demographic factors (age, family type, level of education, occupation, settlement, residential area) compared to the more than a decade before research. We also forecast a considerable divergence in the extent of prejudice in each country.

2 Data and Methods

Two research methods will be used in our longitudinal research. First the theoretical review and statistical analysis of past years' socio-economic and demographic changes will be explored. Second, a structured assisted questionnaire interview of 500-500 families in each country will be carried out. The location of the research will be what the Hungarian sociologist Ferenc Erdei [3] calls "town and the surrounding rural areas". This concept ensures that people living in 'urban' and 'rural' areas also have the possibility to be part of the sample. When choosing the participating towns we will strive at reaching comparability of all four countries' settlements. The towns selected before were: Szeged (Hungary), Rybnik (Poland), Hradec Králové (Czech Republic), Nitra (Slovakia) and the international research groups came from the University of Szeged (HU), University of Silesia, Katowice (PL), University of Hradec Králové (CZ), and Constantine the Philosopher University in Nitra (SK). Each research group expressed its will to continue the longitudinal research. The sample will comprise of 500 families in each country, and in each selected family 1 adult will be interviewed. The research unit of our survey will be the family.

The second phase of our transnational longitudinal research has just begun, and we are at the stage of revealing the socio-economic and demographic changes in each Visegrad Country that happened during the past years. As a preamble to the second phase of our longitudinal research, the following results and discussion part focuses on the summary of socio-economic and demographic changes in Hungary.

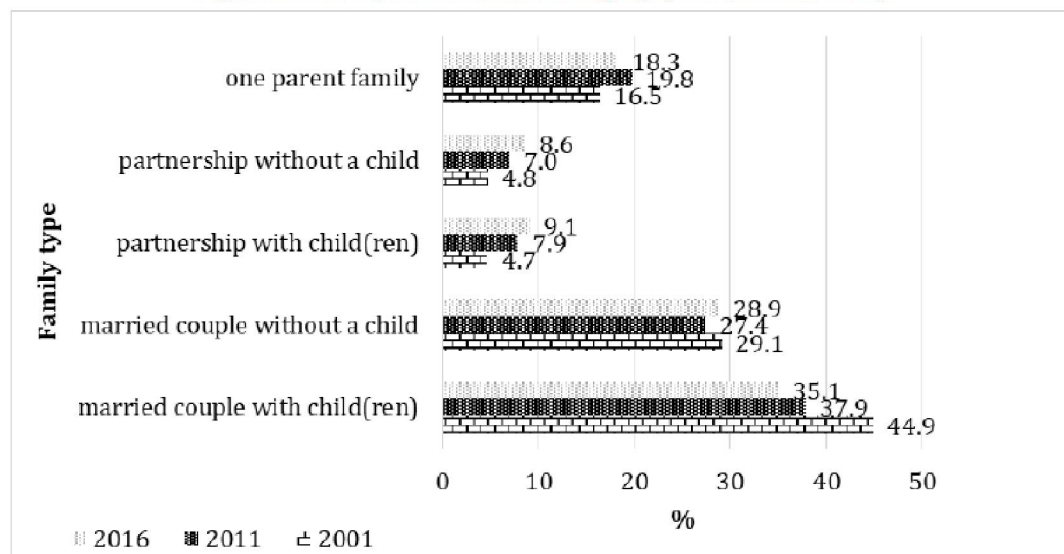
3 Results and Discussion

The legal definition of family is different by countries; however the international research group needs to understand family in the same way. Therefore the following core definition was formulated: family is a small group of minimum 2 people living together in one household. The 2 people could be 2 adults (husband and wife or partners living together) or 1 adult (father or mother) and 1 child (regardless of age). Partnership can also mean the registered partnership of same sex people if it is legal in the given country. The Hungarian, Czech and Slovakian partners accepted this definition as it is, and the Polish researchers added that from among the 500 families selected in each country, min. 300 should correspond to the criteria: adult(s) with a child (regardless of age) living together in one house. As the first step in our research, the socio-economic and demographic situation of families defined so has to be explored on the bases of reviewing literature and official reports. In the followings we give a brief situation report concerning Hungary.

The Hungarian population is aging. Since 2007 the ratio of those aged 65 and more years has risen. The number of children aged 0 to 14 is decreasing. In 2007 the number of live birth per 10000 inhabitants was 9.7, while by 2016 it was only 9. The ratio of deaths by 1000 inhabitants was 13.2 in 2007 and remained so in 2016 also. It indicates a natural decrease of the population [4].

This decrease in the population is accompanied by a decrease in the number of married couples. However the number of marriages per year shows an increasing tendency. The ratio of legally married couples is continuously decreasing since 2001, while the ratio of partners living together without marriage is increasing. There is also a considerable ratio of one parent families (Figure 1).

Figure 1. Family structures in Hungary (2001, 2011, 2016)



(Based on [5] and [6])

According to estimates the Central Statistical Office of Hungary used until 2014, 40% of Hungarian families live under the poverty line. In the European Union the relative approach based on income is accepted for measuring poverty that is why Hungary has also chosen that method [7]. In this method the poverty line is defined as 60% of the median income of the country which results at much less amount than the poverty line estimate of the previous years. According to the results of the stratification research carried out in 2014 the structure of the

Hungarian society was depicted as a pear, indicating the increasing predominance of the lower strata, and a giant gap between large cities and small settlements [8].

As there are more and more people living under worse financial conditions, there must be expenses that have to be reduced. People spend less on hygiene, body care, washing powder, detergents, culture, education, private tutoring, cable TV, health-care expenses, clothing, food and home maintenance. At the same time expenditure spent on travelling, overheads of the home, and taxes has slightly risen [8]. These are all especially important information when talking about lifestyle.

As Max Weber [10] conceptualised in his model about lifestyle, there are life opportunities and life chances that are objective determinants provided by our social status, and there are life choices to be made among the given tighter or narrower range of opportunities we have (see also [11]). As the previously presented trend indicates, most of the population has less and less range of choices. But it is also important to teach people to make the healthy choices from the range at their disposal.

4 Conclusion

The Lalonde Report [2] has already stated that lifestyle is the strongest 'health field' determining our health. The first stage of our longitudinal research confirmed the strength of traditionality in the lifestyle of the families in the Visegrad Countries. The global international processes of the past one and a half decades revealed an intensified prevalence of conservatism and traditionality, which made our research group even more motivated to grasp the effect these global processes exercise on our lifestyle. The scientific thinking of the 21st century, the different fashionable lifestyle practices exaggerated by the media (e.g. fashionable diets like Atkins, Hay, blood-type or celebrity methods; fashionable new phenomena, like e-sports etc.) overwhelm the discourse on lifestyle.

In lifestyle all elements of health manifest. Our thinking in terms of health promotion is health-centred. Thinking like Aaron Antonovsky does, we need to understand the factors promoting health (12). Such factor is the integration of existing and emphasised traditional lifestyle elements - we found in the Visegrad Countries - into the health promotion process. Effective health policy recommendations should be based on the knowledge of current Central-East European characteristics of lifestyle, and to acquire and reinforce that knowledge is our main aim with this longitudinal research.

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